



Appendix 3: Daily Clinical Update Form – Case Managed in an Acute Care Setting

Case Last Name:

Case First Name:

Date of birth:

Gender:

Community Health Nurse:

Follow-up Date/time	Purpose (1)	Admission Date YEAR/MM/DD	Discharge Date Year/MM/DD	Facility Name (2)	Facility type (3)	Class(4)	Progression Clinical (5)	ICU (Y/N/DK)	Antivirals Drugs (Y/N/DK)	O2 sat	Temp	On Oxygen (Y/N/DK)	PHU Representative
1) Purpose C = Convalescing D = Diagnostics I = Isolation T = Treatment	(2) Facility Name - Progression Recovery Location Enter facility name or DK = Don't know	(3) Facility Type Hosp = Hospital LTC = Long-term care Home = person is at home DK = Don't know	(4) Classification C= Confirmed P = Probable PUI = Person Under Investigation DNM = Does Not Meet case definition	5) Progression – Clinical CC = Case Closed. Completed home isolation after discharged from hospital or no longer being followed. D = Deceased DC = Discharged I = Improving	II = Improving (Intubated) S = Stable SI = Stable (Intubated) W = Worsening WI = Worsening (Intubated) EX = Extubated	Notes:							